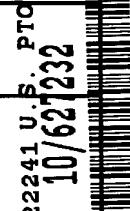
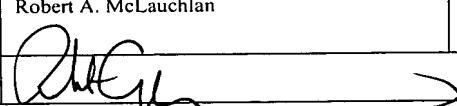


Please type a plus sign (+) inside this box □

Approved for use through 09/30/00. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 1027.P005US First Named Inventor or Application Identifier George Van Campen Title METHOD AND APPARATUS FOR PROVIDING COMPLEX TISSUE STIMULATION PATTERNS Express Mail Label No. EU 867 634 611 US			
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO:			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification <i>[Total Pages]</i> 27 <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <i>[Total Sheets]</i> 5 5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages]</i> 3 <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application. See 37 CFR §1.63(d)(2) and 1.33(b)/</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		Mail Stop: Patent Applications Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450			
				8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies. 	
ACCOMPANYING APPLICATION PARTS					
9. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s)) 10. <input type="checkbox"/> 37 CFR §3.73(b) Statement <i>(when there is an assignee)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/ PTO-Form 1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(b)(i). <small>Applicant must attach Form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____					
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:					
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____					
Prior application information: Examiner: _____ Group / Art Unit: _____					
<small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		<small>(Insert Customer No. or Attach bar code label here)</small>		<input type="checkbox"/> Correspondence address below	
NAME	Koestner Bertani LLP				
ADDRESS	P.O. Box 26780				
CITY	Austin	STATE	Texas	ZIP CODE	75755
COUNTRY	US	TELEPHONE	512-228-3611	FAX	512-692-2529
Name (Print/Type)		Robert A. McLauchlan		Registration No. (Attorney/Agent) 44,924	
Signature				Date	July 25, 2003



07/25/03
**FEE TRANSMITTAL FOR
FY 2003**

Patent Fees are subject to annual revision.

Applicant claims small entity status.
See 37 CFR 1.27

Total Amount of Payment **\$ 444.00**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	George Van Campen
Examiner Name	Unknown
Group / Art Unit	Unknown

22241 U.S. PTO
10/627232
07/25/03

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:
Deposit Account No.: 50-2240
Deposit Account Name: Koestner Bertolini, LLP

The Director is authorized to: (check all that apply)
 Charge any fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below (except for the filing fee) to the above identified deposit account.

FEE CALCULATION (continued)				
3. Additional Fees				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	Request for Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	400	2252	200	Extension for reply within second month
1253	920	2253	460	Extension for reply within third month
1254	1,440	2254	720	Extension for reply within fourth month
1255	1,960	2255	980	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive – unavoidable
1453	1,280	2453	640	Petition to revive – unintentional
1501	1,280	2501	640	Utility issue fee (or reissue)
1502	460	2502	230	Design issue fee
1460	130	1460	130	Petitions to the Commissioner unless otherwise specified
1807	50	1807	50	Statutory Disclaimer
1806	180	1806	180	Submission of Information Disclosure Statement
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))
1810	740	2810	370	For each additional invention to be examined (37 CFR 1.129(b))
1801	740	2801	370	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify): _____				
* Reduced by Basic Filing Fee Paid			Subtotal (3)	\$

FEE CALCULATION

1. Basic Filing Fee

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
Subtotal (1)			\$ 375.00

2. Extra Claim Fees

Claims	Extra	Fee (below)	Fee Paid
Total	23 - 20 =	3 x \$ 9.00	= \$27.00
Indep.	4 - 3 =	1 x \$42.00	= \$42.00
Multiple Dependent			

3. Extra Claim Fees

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
Subtotal (2)			\$ 69.00

**or number previously paid, if greater. For Reissues, see below

SUBMITTED BY

Name (Print/Type)	Robert A. McLaughlin	Registration No. 44,924	Telephone	(512) 339-4100
Signature				Date
				July 25, 2003

Complete (if applicable)